



Colonoscopy

Plenvu Preparation Instructions

Procedure Date:	
ARRIVAL TIME:	
Procedure Time:	
Physician:	
Failure to arrive at the scheduled ARRIVAL TIME will result in cancellation of your procedure	

Location

HCA Florida North Florida Hospital Endoscopy Center

6500 W. Newberry Road

Check in at Admitting Office on 1st Floor

Phone: 888-821-1632

Purchase Your prescription for **PLENVU**

2—5mg bisacodyl tablets (Dulcolax)

*These are available over the counter and should be purchased at least **1 week prior** to your procedure.*

Medications

If you take medications for heart, stomach, blood pressure, seizure, depression, or nerves continue taking them as prescribed.

Blood thinners will need to be held for ___ days prior to your procedure. We will contact the doctor who prescribed it for approval to temporarily stop the medication.

Herbal Medications, Multivitamins, Vitamin E, Iron Supplements, Fiber (Metamucil, Fibercon), and Fish Oil should be **held for 5 days** before your procedure.

Phentermine (Adipex-P or Lomira), Amphetamine (Adderall), Lisdexamfetamine dimesylate (Vyvanse) should be **held for 7 days** before your procedure.

If you take the following medications for weight loss or diabetes:

GLP-1: Exenatide(Byetta), Liraglutide(Victoza), Albiglutide(Tanzeum), Dulaglutide(Trulicity), Lixisenatide(Adlyxin), Semaglutide(Ozempic, or Wygovy), Tirzepatide(Mounjaro or Zepbound) **MUST** be held for **1 week** before your procedure. Rybelsus **MUST** be held **1 day** before your procedure. You also **MUST be on clear liquids the day before your procedure.**

SGLT2: Empagliflozin(Jardiance), Canagliflozin(Invokana), Dapagliflozin(Farxiga), Bexagliflozin(Brenzavvy), Synjardy (empagliflozin/metformin) or Januvia(Sitagliptin) **MUST be held for 3 days before your procedure.**

Ertugliflozin(Steglatro) **MUST be held for 4 days before your procedure.**

All Other Diabetic Medications:

Day Before Procedure—Take 1/2 dose of your medication

Day of Procedure—Do not take your medication

Checklist

- ☐ Driver, 18 years or older to drive you home (you cannot take a taxi, public transit, or transport van home, you will be woozy from medication). The responsible party must remain on the premises.
- ☐ Photo ID (License or other form of ID)
- ☐ Insurance Cards
- ☐ Funds for deductible or co-payments (credit card, check, etc.)
- ☐ Updated list of all medications
- ☐ Remove all piercings
- ☐ Other: _____

If you have a change in your health history or develop cold or flu-like symptoms prior to your procedure, it is possible your procedure will need to be rescheduled. Please notify Digestive Disease Associates Procedure Scheduling Department: (352) 331-8902.

SEE BACK OF PAGE for continued instructions

Three Days prior to your procedure

Begin a low fiber diet. **DO NOT EAT:** raw vegetables, fruit seeds/skin, beans, corn, whole wheat bread, whole wheat pasta, seeds and nuts, bran, bulking agents

DO EAT: white bread, white rice, pasta, crackers, cooked cereals, waffles, pancakes, potatoes (without skin), fish, eggs, chicken, milk, plain yogurt, cheese, cooked carrots, cooked spinach, veggies without skin, husks, or seeds, bananas, canned fruit, fruit without skin or seeds

Day Before your procedure

Today you can **ONLY** have **CLEAR LIQUIDS ALL DAY**. (See below)

AVOID all solid foods, all red juices, alcohol, and dairy.

****Drink AT LEAST 8 glasses of clear liquid today****

1. At **4:00PM: Take 2 BISACODYL Tablets**

2. At **5:00PM:** Use the mixing container to **mix the contents of the Dose 1 pouch** with at least 16 ounces of water by shaking or stirring until it is complete dissolved. This make take up to 2 to 3 minutes. Take your time—slowly drink and finish the dose within 30 minutes.

Refill the container with at least 16 ounces of clear liquid. Again, take your time and slowly finish all of it within 30 minutes

Day of your procedure

1. At **6 hours prior to your procedure** use the mixing container to **mix the contents of Dose 2** with at least 16 ounces of water by shaking or stirring until it's completely dissolved. This may take 2-3 minutes. Take your time—slowly drink and finish the dose within 30 minutes

Refill the container with at least 16 ounces of clear liquid. Again, take your time and slowly finish all of it within 30 minutes.

All prep must be finished at least 5 hours before your procedure.

CLEAR LIQUIDS are allowed up to 4 hours prior to your procedure.

Complete the dose at the appropriate time. Failure to complete this last bottle will result in cancellation.

If you are a **DIABETIC:** Do not take your morning dose of insulin or anti-diabetic pills today.

If you take medication for your heart, stomach, blood pressure, seizure, depression, or nerves, take your normal dose with a sip of water at least 4 hours before your scheduled time.

****FAILURE TO FOLLOW THESE INSTRUCTIONS WILL CAUSE YOUR PROCEDURE TO BE CANCELLED****

Clear Liquid Diet

YES

Clear Drinking Water, Clear Fruit Juices (no pulp), Clear Broths (no particles), Clear Sodas, Electrolyte Drinks, Tea, Coffee (no creamer), Dairy Free Popsicles, Jell-O

NO

Colored or Dyed water (i.e. red); Orange Juice; Grapefruit Juice; Tomato Juice; Soups/Broths with particles; Cherry Sodas (i.e. Cherry Coke); Red Electrolyte Drinks; Tea or Coffee w/creamer; Popsicles w/red dye, cream or fruit; Cows Milk; Non-dairy Milk; Red Jell-O

You should have NOTHING BY MOUTH for 4 hours before your procedure. Do not drink or eat anything, including clear liquids, gum, or mints.

Digestive Disease Associates requires a 72-hour notice for changes in your scheduled procedure appointment to avoid a \$150 fee. All changes and cancellations must be made through Digestive Disease Associates Procedure Scheduling Department: (352) 331-8902 and select the Option for Procedure Scheduling.

INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY

BRIEF DESCRIPTION OF PROCEDURES: Gastrointestinal Endoscopy is the examination of the digestive tract with lighted instruments. At the time of the examination, the inside lining of the G.I. tract will be inspected thoroughly and may be photographed. A small portion of tissue may be removed for microscopic study (biopsy), or the tissue may be brushed or washed to collect cells for a special study. Polyps may be removed. A narrowed portion of the digestive tract can be stretched or dilated to a more normal size.

EGD (Esophagogastroduodenoscopy) is the examination of the esophagus, stomach and duodenum.

ESOPHAGEAL DILATION is the stretching of a narrowed portion of the esophagus with a dilator.

FLEXIBLE SIGMOIDOSCOPY is the examination of the anus, rectum, and left lower colon.

ENTEROSCOPY is the examination of the small intestine.

COLONOSCOPY is the examination of the entire colon (large intestine)

POLYPECTOMY is the removal of small growths called polyps, with use of a wire loop and electric current or a cold forceps.

BANDING is the application of tiny bands to an area to reduce the risk of bleeding.

INJECTION THERAPY is the injection of a medication or solution to treat or mark an area.

BRAVO is the temporary placement of a capsule in the lower esophagus to record pH acid levels. The capsule will pass out of the G.I. tract naturally, usually within a week.

HEMWELL is a treatment for internal hemorrhoids, using a low-grade direct current applied to the base of the hemorrhoidal tissue.

ANESTHESIA is the medication administered to achieve a level of moderate to deep sedation as deemed necessary by a nurse anesthetist and physician.

THE PROCEDURE — The endoscopy will be performed with you lying on your left side. Medications will be administered through the intravenous line and oxygen will be delivered into your nose. Blood pressure, breathing, and heart rhythm will be monitored. During upper endoscopy a plastic mouth guard will be placed between your teeth to prevent damage to your teeth and the scope. During colonoscopy a rectal exam will be performed.

ALTERNATIVES: Possible alternatives vary from each patient, as some alternatives may be inappropriate for a number of reasons. However, potential alternatives include X-rays, CT (virtual colonoscopy), surgery, no examination, stool tests for blood, Cologuard for screening, or other alternatives that have been explained to you.

POSSIBLE RISK AND COMPLICATIONS: These vary in frequency among different procedures but may include:

- Abdominal Pain
- Injury to the lining of the intestinal tract may result in a hole (perforation) of the wall
- Reaction to medication used for anesthesia, including cardiopulmonary arrest (stopping of heartbeat or breathing)
- Rectal Pain
- Rare possibility of a ruptured spleen
- Irregular Heart Beat
- Infection
- Pneumonia
- Dental damage
- Bleeding
- Irritation in vein at site of the IV line
- Death

You should understand that the doctor cannot tell you about every possible risk, alternative, complication or side effect, but we did discuss the major ones. The practice of medicine is not an exact science. No guarantees have been made to you concerning the results of the procedure. The miss rate of colonoscopy ranges in various studies between 5% - 10%. Quality and accuracy of the exam is greatly enhanced by proper bowel cleansing. If bowel preparation is sub-optimal you may be advised to return for a repeat exam within a short time interval.

RECOVERY — After the endoscopy, you will be kept for a time for observation while some of the medicine wears off. The most common discomfort after the examination is a feeling of bloating from the air introduced during the examination, which resolves quickly. You may be allowed to drink liquids during recovery. The medicines leave many patients feeling tired afterwards or they may have difficulty concentrating, so you cannot return to work that day.

The endoscopist can usually tell you the results of your examination before you leave the endoscopy unit. If biopsies have been taken or polyps removed, you will be instructed to call back for results. Tissue that has been removed is sent to a laboratory for analysis and it may take several days for a report to be completed.

AFTER ENDOSCOPY — Though patients worry about the discomfort of the examination, most people tolerate it very well and feel fine afterwards. Some fatigue is common after the examination, and you should plan to take it easy and relax the rest of the day. You should contact your doctor about the results of your test if you have any questions and especially if biopsies were taken. The endoscopy team can give you some guidelines as to when your doctor should have all the results and whether further treatment will be necessary.

The following symptoms should be reported immediately:

- **Severe abdominal pain (not just gas cramps)**
- **Firm or distended abdomen, vomiting, fever**
- **Difficulty swallowing/severe sore throat**
- **Crunching feeling under the skin**
- **Rectal bleeding more than a few tablespoons**

If you have biopsies taken during your procedure, you should hear within 10 business days regarding the results. If not, you should call the office to get your results.

Colonoscopy: Screening or Diagnostic?

The Affordable Care Act passed in March 2010 allowed for several preventative services, such as screening colonoscopies, to be covered at no cost to the patient. As of Feb. 25, 2013 – The federal government (Department of Health and Human Services) has issued an important clarification on preventive screening colonoscopy. This ensures colorectal cancer screening is available to privately insured patients at no additional cost, as intended by the new healthcare law. Patients with Medicare coverage must still pay a coinsurance when a polyp is removed as a result of the screening colonoscopy. This only applies to average screening, not high-risk screening. Medicare still covers high risk screening at the same rate as an average risk screening but commercial payers may not. Some will impose standard benefits to those patients with a personal history of polyps, cancer, or GI disease. **Please call your insurance company if you have questions or need details about your coverage.**

Colonoscopy Categories:

Diagnostic/Therapeutic Colonoscopy: Patient has past and/or present gastrointestinal symptoms, polyps, GI disease, iron deficiency anemias and/or any other abnormal tests.

Surveillance/High Risk Screening: Patient is asymptomatic (no gastrointestinal systems either past or present), has a personal history of GI disease, personal and/or family history of colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g., every 2-5 years)

Preventive Screening: Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 45, has no personal or family history of GI disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

Your primary care physician may refer you for a “screening” colonoscopy but there may be a misunderstanding of the word screening. This will be determined in the pre-operative process. Before your procedure, you should know your colonoscopy category. After establishing which procedure you are having, you can do some research.

Can the physician change, add or delete my diagnosis so that I can be considered eligible for a colon screening?

No! The patient encounter is documented as a medical record from information you have provided as well as what is obtained during taking our pre-procedure history and assessment. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

Strict government and insurance company documentation and coding guidelines prevent a physician from altering a chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and is punishable by law with fines and/or jail time.

What if my insurance company tells me that the doctor can change, add, or delete a CPT or diagnosis code?

This happens a lot. Often the representative will tell the patient if the “doctor had coded this as a screening, it would have been covered differently”. However, further questioning of the representative will reveal that the “screening” diagnosis can only be amended if it applies to the patient. Remember, that many insurance carriers only consider a patient over the age of 45 with no personal or family history as well as no past or present gastrointestinal symptoms as a “screening” (Z12.11)

If you are given this information, please document the date, name, and phone number of the insurance representative. Next, contact our billing department who will perform an audit of the billing and investigate the information given. Often the outcome results in the insurance company calling the patient back and explaining that the member services representative should never suggest a physician change their billing to benefit a patient’s coverage.

Pathology:

Digestive Disease Associates of North Florida (“DDA”) has established a state of the art pathology lab (“DDA Pathology Lab”). Your physician has chosen to use the DDA Pathology Lab for any specimens taken during your procedure. By using the DDA Pathology Lab, we are able to streamline patient care, reducing turn-around time in providing results to you and your Primary Care Physician. In using the DDA Pathology Lab there is no need for transporting the specimen outside of the building. Our Pathologist is available daily to review slides and provide your Gastroenterologist physician with an expert interpretation.

Our Pathology Lab, located within the DDA clinic, is specialty focused in Gastroenterology (“GI”), interacting with only the DDA physicians. This allows our practice to deliver the high quality expected in the interpretation of your pathology.

Patients frequently have questions regarding their lab or pathology bills. DDA participates in many local and national insurance plans. If for any reason your insurance falls outside our participating insurance carrier list, we will accept your insurance carrier’s “out of network” payment along with your “in-network” co-payment, co-insurance, and deductible as payment in full. **If you request that your pathology be sent to the “in network” lab, we will accommodate your request.**

Know What You Will Owe

Colonoscopy CPT (Procedure Code): 45378 for most insurance plans. For Medicare, use code G0121 for screening or G0105 for surveillance/high-risk.

Please note: The procedure code is subject to change. The actual procedure code used for billing cannot be determined until the procedure has been completed.

_____ **Diagnostic/Therapeutic Colonoscopy:** Diagnosis

Patient has past and/or present gastrointestinal symptoms, polyps, GI disease or anemias.

OR

_____ **Surveillance/High Risk Colonoscopy:** Diagnosis (example: personal history of colon polyps)

Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of GI disease, personal and/or family history of colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g., every 2-5 years).

OR

_____ **Preventive Screening Colonoscopy:** Diagnosis code for routine screening is Z12.11.

Patient is asymptomatic (*no gastrointestinal symptoms* either past or present), over the age 45, has no personal or family history of GI disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

OR

_____ **Preventive Screening Colonoscopy (Patient under age 45):** Diagnosis code for routine screening is Z80.0

Patient is asymptomatic (*no gastrointestinal symptoms* either past or present), under age 45, with an immediate family (parent/sibling) history of colorectal cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g., every 2-5 years).

Who will bill me? You WILL receive bills for separate entities associated with your procedure. DDA will bill for the physician, anesthesia, and pathologist. The facility (North Florida Endoscopy Center or HCA North Florida Hospital) will bill for the facility fee using the same codes.

How will I know what I will owe?

Call your insurance carrier and verify the benefits and coverage by asking the following questions. Codes for your procedure are listed above. (You will need to give the insurance representative your preoperative CPT and Diagnosis codes.)

1. Is the procedure covered under my policy? **Yes** _____ **No** _____

2. Will the diagnosis code be processed as preventative, surveillance, or diagnostic and what are my benefits for that service? (Results may vary based on how the insurance company recognizes the diagnosis).

Diagnostic/Medical Necessity Benefits

Deductible: _____ Coinsurance Responsibility: _____

Preventative/Wellness/ Routine Screening Colonoscopy Benefits:

Are there age and/or frequency limits for my colonoscopy? (e.g, one every 10 years over the age of 45, one every two years for a personal history of polyps beginning at age 40 etc.)

No _____ **Yes** _____ **If so:** _____

3. If the physician removes a polyp, will this change my out of pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical necessity benefit which equals more out of pocket expenses. Carriers vary on this policy.)

No _____ **Yes** _____

4. Is the Facility in Network: **Yes** _____ **No** _____ What is my out of pocket cost for the facility? _____

Insurance Representatives Name _____ Call Reference #: _____

Can the physician change, add or delete my diagnosis so that I can be considered eligible for a colon screening?

NO! The patient encounter is documented as a medical record from information you or your primary care physician have provided. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

Need an estimate: Email billing@gainesvillegi.com, provide your account number, name and date of your procedure. The request will be fulfilled within 48 hours. We offer payment plans & partner with Care Credit to help with patient costs.

The No Surprise Billing Act requires estimates be provided for Self-Pay patients & patients with Out of Network Plans only.